

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/16/2014  
FORM APPROVED  
OMB NO. 0938-0391

|  |  |  |  |                            |  |
|--|--|--|--|----------------------------|--|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                    |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>155810</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING <b>01, 03</b><br><br>B. WING _____   |                            | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>09/12/2014</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>VERNON MANOR CHILDRENS HOME</b> |  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1955 S VERNON ST</b><br><b>WABASH, IN 46992</b>                              |                            |  |
| (X4) ID<br>PREFIX<br>TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG  | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETION<br>DATE |  |
| {K 000}  | <p>INITIAL COMMENTS</p> <p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 07/15/14 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 09/12/14</p> <p>Facility Number: 000274<br/>Provider Number: 15A014<br/>AIM Number: 100271660</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this PSR survey, Vernon Manor Children's Home was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) and 410 IAC 16.2. The original section of the building consisting of Daliha Lane, Rose Harbor, Babbling Brook, Hanson Blvd., Dotties Dream and the Service hall was surveyed with Chapter 19, Existing Health Care Occupancies</p> <p>This original section of this one story facility was determined to be of Type II (111) construction and was sprinklered. A service hall and the 300 hall was of Type V (111) construction and was sprinklered. The facility has a fire alarm system with smoke detection in corridors and spaces open to the corridors. Hard wired smoke detectors were provided in the resident rooms. The facility has a capacity of 119 and had a</p> | {K 000}  |  |                            |  |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| {K 000}  | Continued From page 1<br>census of 81 at the time of this survey.<br><br>All areas where residents have customary access<br>were sprinklered. A detached storage building<br>was used for the storage of nursing supplies and<br>was not sprinklered.<br><br>Quality Review by Lex Brashear, Life Safety Code<br>Specialist-Medical Surveyor on 09/15/14.   | {K 000}  |  |                            |  |
| {K 000}  | INITIAL COMMENTS<br><br>A Post Survey Revisit (PSR) to the Life Safety<br>Code Recertification and State Licensure Survey<br>conducted on 07/15/14 was conducted by the<br>Indiana State Department of Health in<br>accordance with 42 CFR 483.70(a).<br><br>Survey Date: 09/12/14<br><br>Facility Number: 000274<br>Provider Number: 15A014<br>AIM Number: 100271660<br><br>Surveyor: Amy Kelley, Life Safety Code<br>Specialist<br><br>At this PSR survey, Vernon Manor Children's<br>Home was found in compliance with<br>Requirements for Participation in<br>Medicare/Medicaid, 42 CFR Subpart 483.70(a),<br>Life Safety from Fire and the 2000 edition of the<br>National Fire Protection Association (NFPA) 101,<br>Life Safety Code (LSC) and 410 IAC 16.2. The<br>new section of the building consisting of Kalor<br>Court, Timm's Trail and Cherry Blossom dining<br>room was surveyed with Chapter 19, Existing<br>Health Care Occupancies | {K 000}  |  |                            |  |

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| {K 000}  | <p>Continued From page 2</p> <p>This original section of this one story facility was determined to be of Type II (111) construction and was sprinklered. A service hall and the 300 hall was of Type V (111) construction and was sprinklered. The facility has a fire alarm system with smoke detection in corridors and spaces open to the corridors. Hard wired smoke detectors were provided in the resident rooms. The facility has a capacity of 119 and had a census of 81 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. A detached storage building was used for the storage of nursing supplies and was not sprinklered.</p> <p>Quality Review by Lex Brashear, Life Safety Code Specialist-Medical Surveyor on 09/15/14.</p> | {K 000}  |  |                            |  |